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CTDANGETTAL		Application Number 10/790,239		90,239		
TRANSMITTA	Filing Date	Marc	March 2, 2004			
FORM	First Named Inventor	сот	E			
, g		Art Unit	1723			
TRANSSE used for all correspondence af	Examiner Name	FOR'	TUNA, Ana M.			
Total Number of Pages in This Submi		Attorney Docket Numb	er 4320	-561		
ENCLOSURES (check all that apply)						
Fee Transmittal Form				ter Allowance Communication to TC		
Fee Attached	Licensing	-related Papers		Appeal Communication to Board of Appeals and Interferences		
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Amendment / Reply	Amendment / Reply			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	_	Petition to Convert to a Provisional Application		oprietary Information		
Affidavits/declaration(s)		Attorney, Revocation of Correspondence Address	☐ St	Status Letter		
Extension of Time Request	X Terminal	☑ Terminal Disclaimer		ther Enclosure(s) lease identify below):		
Express Abandonment Request		Request for Refund CD, Number of CD(s)		emental Application Data Sheet nent Under 37 CFR 3.73(b)		
Information Disclosure Statemen	_	idscape Table on CD				
Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/						
Reply to Missing Parts under 37 CFR1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm						
Signature	Scots	Scots Rudsule				
Printed Name	SCOTT	Scott Punssack				
Date	December 7, 20	Reg. No. 47,330				
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Signature						
Typed or printed name			Da	te		

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Effective on 10/01/2001 Part Sees are subject to annual revision.		Complete if Known			
			Application Number	10/790,239	
FEE TRANSMITTAL			Filing Date	March 2, 2004	
For FY 2005		First Named Inventor	COTE		
			Examiner Name	FORTUNA, Ana M.	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1723		
OTAL AMOUNT OF PAYMENT	(\$)	290.00	Attorney Docket No.	4320-561	

TOTAL AMOUNT OF PA	YMENT	(\$)	290.00	Attorney Docket No.	4320-561		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)				
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WARNING: Information on information should not be information and authorization	ncluded on	this form. Prov		Fee Description 1-month extension of ti	me 110	Fee (\$) 55	Fee Paid(\$)
	LCULAT			2-month extension of ti	me 430	215	
1. BASIC FILING FEE				3-month extension of ti	me 980	490	
	<u>s</u>	mall Entity		4-month extension of ti	me 1,530	765	
Fee Description	Fee (\$)	Fee (\$)	Fee Paid(\$)	5-month extension of ti	me 2,080	1,040	
Utility Filing Fee	790	395		Information disclosure	stmt. fee 180	180	180.00
Design Filing Fee	350	175		37 CFR 1.17(q) process	sing fee 50	50	
Design Filling Fee	330	173		Non-English specificat	ion 130	130	
Plant Filing Fee	550	275		Notice of Appeal	340	170	
Reissue Filing Fee	<b>790</b> .	395		Filing a brief in suppor	t of appeal 340	170	
				Request for oral hearing	g 300	150	
Provisional Filing Fee	160	80		Other: Terminal Disclain	ner		110.00
	Subtot	al (1) \$	0.00		Subtota	l (3) \$	290.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 47,330	Telephone (416) 364-7311
Name (Print/Type)	Scott Pundsack		Date December 7, 2004

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